

AUTHORIZATION AGREEMENT FOR DIRECT PLEDGE PAYMENTS (ACH DEBITS)

I hereby authorize St. Martin's-in-the-Field Episcopal Church, Severna Park, Maryland, to initiate debit entries to my (our) checking or savings account indicated below and the named banking facility to charge such deductions to my (our) account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name:		
Home Street Address:		
City:	State:	Zip:
The amount deducted from my (our) acc Field and will occur on the 15 th day of ea	-	annual pledge to St. Martin's-in-the-
Bank Name:		
Routing No:	Account No:	
Account Type: Checking: Sav	vings: 🗆	
This authorization will remain in full force from me (or either of us) of its terminat and the named bank a reasonable oppo	ion in such time and in such manne	
Name on the Account:		
	(Please Print)	
Signature:	[Date:
(If c	a joint account, both persons must sign.,)
Signature:	I	Date:

IMPORTANT!

Please attach a blank, voided check for the account from which you want your payments made.

Mail completed form and blank, voided check to:

St. Martin's-in-the-Field Episcopal Church, ATTN: Bookkeeper, 375 Benfield Road, Severna Park, MD 21146